

Department of Administration  
General Services Division  
100 North 15th Avenue, Suite 202  
Phoenix, Arizona 85007

# LEASE TRANSMITTAL

STATUS:

COMPLETION DATE REQUESTED BY AGENCY:

DATE RECEIVED BY ADOA:

1 LEASING AGENCY/DIVISION		2 CONTACT		3 PHONE	
LEASE DESCRIPTION	4 LEASE ACTION	5 COMMENCES	6 EXPIRATION	7 COUNTY	
	8 ADDRESS		9 CITY		10 ZIP
COST ANALYSIS	11 MONTHLY LEASE COSTS: FULL SERVICE <input type="text"/> (YES or NO)			12 EQUIVALENT FULL SERVICE LEASE COSTS Annual Rent _____ Per Sq. Foot _____	
	If not Full Service, estimate monthly cost for each item. Base Rent _____ CAM _____ Electric _____ Gas _____ Janitorial _____ Parking _____ Water _____ taxes _____ Total _____			13 OTHER COSTS MOVING COSTS _____ TENANT IMPROVEMENTS _____ TOTAL OTHER COSTS _____	
14 MODIFICATION DATE		15 FUNDINGSOURCE FOR PAYMENT OF RENT Indicate by percentage the amount paid from the General Fund, from Other Fund or any Combination (must total)		General Fund _____ Other Fund _____	
SPACE/LOCATION ANALYSIS	16 TOTAL SQ FT OFFICE _____ RECEPTION/WAITING _____ MEETING/CONFERENCE _____ STORAGE _____				
	17 TOTAL STAFF ASSIGNED TO SPACE	17 AVG SQ FT PER STAFF	18 PRIMARY TYPE OF SPACE		20 PARKING SPACES PROVIDED SURFACE: _____ COVERED: _____
JUSTIFICATION	21 COMMENTS:				
	22				
RENT ESCALATIONS	DATE _____ ANNUAL RENT _____ UTILITIES _____ TAXES _____ TOTAL ANNUAL LEASE COST _____				
	23 If relocating, or increasing existing space, describe existing location. ADDRESS _____ CITY _____ SIZE _____ ANNUAL LEASE RATE _____ DOES STATE OWN THIS SPACE? <input type="text"/> FTE's _____ EXPIRATION DATE _____ (YES or NO)				
LESSOR	24 Is this lease in a service mandated location? <input type="text"/> (YES or NO)				26 YEAR BUILDING CONST. <input type="text"/> PRE 1981 ASBESTOS SURVEY DONE <input type="text"/> (YES, NO or NOT APPLICABLE)
	25 NAME _____ LESSOR ADDRESS _____ LESSOR CITY _____ STATE _____ ZIP _____				